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THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application Of: Jeffrey S. Brooks

Application Serial No: 10/822,504

Filed: April 12, 2004

For: Concealed Holster (Amendment A)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450 on March 27, 2007 (Date of Deposit).

John M. Harrison
John M. Harrison

March 27, 2007
Date



Case Docket No. 9,176

In re application of Jeffrey S. Brooks

Serial No. 10/822,504

Filed April 12, 2004

For Concealed Holster

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(Col.1)		(Col.2)		(Col.3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	*	MINUS	**	=	x	= \$		x 18	= \$
INDEP.	*	MINUS	***	=	x	= \$		x 84	= \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	= \$		+280	= \$
					TOTAL		OR	TOTAL	
					ADDIT. FEE	\$			\$

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is attached.

A check in the amount of \$ _____ is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is attached.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

John M. Harrison